



Request for Remote Learning
EXTRACURRICULAR PARTICIPATION
(Outside the School Day)

Date: _____

Student Name: _____

Campus: _____

Extracurricular Activity: _____
(Outside the School Day)

Duration of Activity (Dates): _____ **to** _____

Reason for Remote Learning: _____

Reason for Request: _____

For Office Use Only

Approved by (Name/Title): _____

Date Approved: _____

Signature: _____